

Application form for seeking information under The Right to Information Act, 2005

Date	DD	MM	YY
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**The Public Information Officer,
Central Institute of Higher Tibetan Studies
Sarnath, Varanasi - 221007**

Sir,

I hereby request you to provide following information under Right to Information Act, 2005 in respect of your Institute. The processing fee is attached as per following particulars:

Amount Rs. 10/ (Rs. Ten Only)	CIHTS Cash Receipt No. & Date	D.D. No. Date & Issuing Bank		

Particulars of information required (All fields are mandatory):

(i) Subject matter & Description of information required:

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(ii) The period to which the information relates:

From	(DD/MM/YY)
To	(DD/MM/YY)

(iii) Whether information is required by:

Post <i>(The actual postal charges shall be included in additional fees)</i>	In Person
<input type="checkbox"/> Ordinary <input type="checkbox"/> Registered <input type="checkbox"/> Speed	

(iv) Please enter any one of the following:

PAN card No	
Voter's card No:	
Passport No:	
Ration card No:	

I hereby declare and confirm that I am an Indian citizen and as such I am entitled to seek information under RTI Act, 2005. I have attached copy of my PAN card/ Voter's card/ Passport/ Ration card in support of my citizenship. I shall use this information for my personal purpose only. I assure and confirm that in any case or/and under any circumstances, I shall not (allow/cause) use/pass-on/share/display/keep/circulate the information received, with any person or in any manner which would be detrimental to/against the interests of India. If any information /declaration turns out to be incorrect or false, I shall be responsible and liable for consequences apart from losing right to receive information.

Signature of the applicant

Place:

Date:

Full name of the applicant (Fill in Block letters):

<i>Surname</i>	<i>First Name</i>	<i>Second Name</i>

Address:

House No./ Bldg. Name	
Street Name/Area	
City & Pin Code	
Telephone	
E-mail	

(For Office Use)

Reference: CIHTS/RTI/	DD	MM	YY	Received by: <input type="checkbox"/> Post <input type="checkbox"/> E-mail
Sign and Name of receiving officer				

